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United Nations Population Fund

Country programme document for Togo

Proposed indicative UNFPA assistance:	$20.0 million: $8.0 million from regular resources and $12.0 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2019-2023)
Cycle of assistance:	Seventh
Category per decision 2017/23:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.7	9.5	13.2
Outcome 3	Gender equality and women's empowerment	1.2	1.0	2.2
Outcome 4	Population dynamics	1.6	1.5	3.1
Programme coordination and assistance		1.5	-	1.5
Total		8.0	12.0	20.0

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I. Programme rationale

1. In 2017, Togo had a population of 7.2 million, 51.4 per cent of whom were women. The annual population growth rate is 2.4 per cent, which would mean the population would double in 30 years. The population profile is 58.6 per cent rural, mostly young (60 per cent under 25 years of age) and unevenly distributed nationally (42 per cent in the maritime region which accounts for 23.2 per cent of the country's total area). Significant investments in youth health, education and job creation will be needed for the country to harness the demographic dividend.

2. Despite an economic growth rate of around 5 per cent, poverty still affects 58.7 per cent of Togolese and 68.7 per cent of those living in rural areas. Economic and gender inequalities persist in rural areas where women are the majority. The 2016 World Report on Human Development ranks Togo 166th out of 188 countries, with a score of 0.487 (0.459 in 2012). The Government has launched several programmes aimed at improving the living conditions of the most vulnerable, young people and women. The availability of reliable and disaggregated data will ensure the success of these programmes and the effective implementation of the African Union Roadmap on Harnessing the Demographic Dividend.

3. According to data from the Demographic and Health Survey (DHS2013), women of childbearing age make up 21.1 per cent of the population. The total fertility rate is 4.8 children per woman compared to 5.17 in 2003; the maternal mortality rate is 401 deaths per 100,000 live births compared to 478 in 1998, and the neonatal mortality rate at 27 deaths per thousand compared to 31 in 2008. This poor record in maternal health can be explained by: (a) a low rate of deliveries assisted by qualified personnel, 59 per cent, (b) a low availability of emergency neonatal obstetric care (in 2016, 27 health training programmes out of 71 offered the 7 functions), (c) insufficient medical staff (16 gynaecologists and 396 midwives officiate in the country's 864 health facilities in 2017), (d) the low availability of vital products in health facilities (68 per cent in 2016) and frequent stock-outs of contraceptives products at the point of delivery (57 per cent in 2016). Contraceptive prevalence remains low: 17 per cent versus 13.8 per cent in 2010 with unmet needs of 34 per cent. The prevalence of obstetric fistulas is estimated at 1 per cent of women of childbearing age, more than 15,000 cases. Hospital statistics show a rise in the incidence of breast cancer (27.1 per cent) and cervical cancer (11.2 per cent) in the country.

4. Adolescents and youth (10-24 years old) make up 32.7 per cent of the population. They are sexually precocious (10 per cent of 15-24 year olds had their first sexual intercourse before the age of 15 years) with a fertility rate of 84 per 1,000 live births (118 per 1,000 in rural areas) and an early pregnancy rate of 17.3 per cent. In recent years, there has been an increase in pregnancies in schools (8,800 cases between 2014 and 2017). For the most part, this target population has poor access to sexual and reproductive health information and services (only 27 schools out of 2,000 have a school infirmary).

5. The average national prevalence of HIV/AIDS is 2.5 per cent and 3.1 per cent for women. In 2015, this prevalence was 11.7 per cent among female sex workers and 13 among men who have sex with men. In the 15-24 year age group, the average HIV prevalence is 0.6 per cent (0.8 for girls and 0.3 for boys).

6. The traditional structure of decision-making in Togo is detrimental to women. This is the case for women's access (especially in rural areas) to sexual and reproductive health services, as the husband's opinion remains key. According to the DHS2013, Togolese women suffer gender-based violence such as early marriages (21.8 per cent of women aged 20-24 years are married before the age of 18), sexual violence (5.5 per cent of girls aged 9 to 18 years) and female genital mutilation (5 per cent of women aged 15-49 years are excised).

7. The final evaluation of the Sixth Country Programme 2014-2018 recognized its significant contribution to improving maternal health in the country. More specifically:

(a) **Maternal health and family planning**: the programme contributed to: (a) an increase in contraceptive prevalence (from 13 to 17 per cent); (b) an improvement in the availability and quality of emergency obstetric and neonatal care by equipping 76 health facilities, training 117 midwives and setting up a team of national trainers on maternal death surveillance, (c) the strengthening of national capacities to treat obstetric fistulas (a referral centre and 2 trained national surgeons);

(b) **Adolescent and youth health:** the programme helped develop a national programme to address early pregnancy and marriage and a repository of reproductive health services adapted to adolescents and young people in schools. It also increased the availability of sexual and reproductive health services adapted to adolescents and young people with the opening of 26 school infirmaries and 3 training programmes, the provision of HIV screening tests to more than 87,000 young people (aged 15-24 years) including 7,000 young sex workers;

(c) **Gender:** The programme helped develop standards and procedures for the creation and management of gender-based violence (GBV) victims counselling centres, a situational analysis of the fight against GBV, the socioeconomic reintegration of 145 women with obstetric fistulas, the strengthening of community participation in the fight against GBV and the promotion of sexual and reproductive health;

(d) **Population and development:** The programme enabled the elaboration of: a new national population policy, the first demographic dividend analysis report, the publication of five thematic analysis reports of the fourth census, the Togo demographic atlas and results from the three demographic and health surveys conducted in the country. It contributed to the capacity-building of the National Institute of Statistics, Economic and Demographic Studies through the training and retraining of its staff (provision of four new demographers and about 10 managers trained on demographic dividend analysis). The most recent national data is from the 2010 Census and the 2013 Demographic and Health Survey. The national development plan and the UNDAF require up-to-date and disaggregated demographic data. The new country programme will need to support the country's data production capabilities as highlighted by the evaluation of the Sixth Country Programme to ensure that nobody is left behind in the country.

8. There are good practices and lessons learned from the evaluation of the Sixth Country Programme to sustain, such as the advocacy and political dialogue that led to the establishment of a national budget line for the purchase of contraceptives, the special recruitment of midwives and national ownership on the demographic dividend. In terms of service delivery, integrated services including ultrasound machines in mobile clinics and innovative family planning strategies such as community-based distribution and open houses were identified. Local resource mobilization and the removal of bottlenecks for integrating comprehensive sexuality education into curricula to better prevent early pregnancy in schools.

II. Programme priorities and partnerships

9. The proposed programme is based on lessons learned from the final evaluation of the Sixth Country Programme, the comparative advantages of UNFPA and the priority needs identified in the situation analysis. All the planned programme outputs include a humanitarian dimension, as the country is regularly at risk from floods, internal displacements of populations and the influx of migrant populations fleeing crisis zones. The aim of these outputs is to contribute to ensuring service delivery to populations even in humanitarian situations. Developed in a participatory manner under the auspices of the Ministry of Development Planning, the programme is aligned with the National Development Plan 2018-2022 and the National Health Development Plan. It is developed in the spirit of "Delivering as One" and contributes to Outputs 3 and 4 of the United Nations Development Assistance Framework 2019-2023. It takes into account Sustainable Development Goals 1, 3, 5, 10 and 17 and the Programme of Action of the International Conference on Population and Development. Finally, the programme is aligned with the UNFPA 2018-2021 Strategic Plan and contributes to its outcomes 1, 3 and 4 and outputs 2, 4, 11 and 13.

A. Outcome 1: Sexual and reproductive health

10. *Output 1: Strengthened national capacities to provide integrated sexual and reproductive health services to women, adolescents and young people, including in humanitarian situations* (Output 2 of the Strategic Plan (SP)): This output contributes to the achievement of the strategic objective of "zero preventable maternal deaths" by 2030. The strategies are: (a) strengthening emergency obstetric and neonatal care (EmONC) by promoting midwifery, equipping health facilities and monitoring EmONCs; (b) strengthening national capacities for the holistic management of obstetric fistulas and the medical treatment of GBV; (c) strengthening capacities for the prevention of breast and cervical cancer, (d) strengthening the availability of integrated and adolescent-friendly services through the development of school infirmaries and capacity-building of civil society; (e) support for the intensification of actions to prevent early pregnancies in and out of school, (f) advocacy for the integration of comprehensive sexuality education into curricula, (g) strengthening of national capacities to deliver minimum emergency services in humanitarian situations.

11. *Output 2: Enhanced national capacities for the management of the reproductive health commodity supply chain, demand generation and the provision of family planning services, including in humanitarian situations* (Output 2 and 4 of the SP): This output will contribute to the realization of the strategic objective "zero unmet needs for family planning" by 2030. This will be achieved through: (a) support for the improvement of the normative framework, (b) advocacy for scaling up the national contribution to the procurement of contraceptive products, (c) support for the strengthening of the national contraceptive products programming mechanism; (d) training providers to provide quality family planning services on site and in communities; (e) ensuring the complete availability of products, (f) the establishment of a management mechanism for RH/FP kits for humanitarian situations; (g) increasing demand for and access to modern contraception through innovative strategies such as community-based distribution, open houses and mobile clinics; (h) support for the improvement of the logistics information and management system by scaling up the health district information software two.

B. Outcome 3: Gender equality and women's empowerment

12. *Output 3: Enhanced national capacities for the prevention and management of GBV, demand generation for increased access to sexual and reproductive health services for women and girls, including in humanitarian situations* (Output 11 of the SP): This output will contribute to achieving the strategic objective "zero incidents of gender-based violence" by 2030. It will be achieved through: (a) advocacy for improving the legal environment for equity and gender equality, (b) community mobilization, through the involvement of men and boys and a partnership with religious organizations, the elimination of discriminatory gender and sociocultural norms and increased utilization of reproductive health services (c) the prevention of early pregnancy through advocacy and communication for social and behavioural change, (d) a partnership with civil society and youth organizations to promote the rights of young people and adolescents to sexual and reproductive, their empowerment and the fight against violence against women and girls, (e) the strengthening of existing mechanisms for psychological care and legal assistance for victims of GBV, including in humanitarian situations.

C. Outcome 4: Population dynamics

13. *Output 4: Enhanced national capacities to produce and use population data for the implementation of the ICPD Programme of Action, the demographic dividend and achievement of the SDGs, including in humanitarian situations* (Output 13 of the SP). The availability of data and the ability to anticipate demographic trends are essential to the realization of the 2030 Agenda and the objective of leaving no one behind. This output will be achieved through: (a) support for the capacity-building of the national statistical system to carry out the fifth general population and housing census; b) support for the collection, analysis and dissemination of disaggregated data to identify the most vulnerable youth and adolescents for inclusion in development programmes; (c) support for the operationalization and follow-up of the implementation of the African Union

Roadmap on Harnessing the Demographic Dividend; (d) strengthening advocacy for the promotion of the ICPD Programme of Action.

III. Programme and risk management

14. The proposed programme will be implemented mainly in savanna and maritime regions because of the high level of poverty of the former and the high concentration of population in the latter. The Maternal and Child Health Division will be the main implementing partner. Technical services from the ministries of education, youth, social affairs and advancement of women will participate in the programme, as well as civil society actors selected after evaluation. The Ministry of Development Planning is the coordinating entity. National execution will be the implementation modality, through the harmonized approach to cash transfers. A micro-evaluation will be conducted together with UNICEF and UNDP to assess the level of risk and implement mitigation plans. During programme implementation, spot checks will be carried out to verify the effectiveness of financial control mechanisms and the quality of accounting documents. Implementation partners will be audited annually on the funds managed by an international audit firm.

15. The programme will be implemented in synergy with other United Nations organizations in the spirit of "Delivering as One". Joint projects in the field of statistics to monitor the implementation of the universal periodic review recommendations are under consideration. A joint project is planned in collaboration with UNICEF and UNDP to empower adolescent girls, promote their rights to sexual and reproductive health and protect them against harmful practices. Joint resource mobilization initiatives will also be conducted with technical and financial partners and the private sector. The resource mobilization and partnership plan that underpins this country programme will be implemented and revised periodically.

16. The country office has a management team, eight national specialists and support staff; staff capacities will be continually reinforced. In addition to consultants and technical assistance from the regional office and headquarters, the country office will rely on South-South and triangular cooperation in the implementation of the programme. The Togolese Government is responsible for the security and protection of UNFPA personnel and assets. Security and risk management issues will be mainstreamed throughout. Funds will be allocated in annual workplans for humanitarian assistance. In consultation with the Government, the country office will completely reorganize activities as needed to effectively assist the country in the event of a major humanitarian crisis.

17. This programme document presents the UNFPA contributions to national results and serves as the main accountability unit for the Executive Board for the alignment of results and resources allocated to the programme at the country level. The responsibilities of country, regional and headquarters managers for country programmes are prescribed in the UNFPA programme and operational policies and procedures and in its internal control framework.

IV. Monitoring and evaluation

18. A result-based monitoring and evaluation mechanism is developed together with implementation partners to monitor progress and report periodically on results. In collaboration with the Government and other stakeholders, programme implementation will be jointly monitored on a regular basis to improve performance, ensure transparency and foster greater ownership.

19. This monitoring and evaluation mechanism will be integrated into national monitoring and evaluation systems, as well as those of the United Nations system. It will include thematic evaluations, annual and final reviews as well as joint programme monitoring activities in line with the "Delivering as One" approach.

20. In order to strengthen the strategic positioning of UNFPA in the country and increase visibility of its mandate, greater emphasis will be placed on programmatic and institutional communication.

RESULTS AND RESOURCES FRAMEWORK FOR TOGO (2019-2023)

National priority: Strengthening social development and inclusion mechanisms
UNDAF Output 3: By 2023, Togolese populations, particularly children, women, adolescents, the disabled, the elderly, the poor and other vulnerable groups, have increased and equitable access to social protection and basic social services of high quality, including education, health, water, hygiene and sanitation
Indicators: Maternal mortality rate Baseline: 401/100,000 Target: 250/100,000; proportion of 15 to 24 year-old youth living with HIV. *Baseline*: 1.2%; *Target*: 1%; Adolescent birth rate (10 to 19 years old) per 1,000 adolescent girls in the same age group. *Baseline*: 84; *Target*: 63.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, basic data and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence Outcome indicators: • Contraceptive prevalence (modern methods); *Baseline*: 17%; *Target*: 35.5%; • Coverage in EmONC. *Baseline*: 65% *Target*: 80%; • Early pregnancy rate. *Baseline*: 17%; *Target*: 15% • Proportion of young people aware of their serological status. *Baseline*: 50%; *Target*: 60%	Output 1: Strengthened national capacities to provide integrated sexual and reproductive health services to women, adolescents and young people, including in humanitarian situations (Output 2 of the SP)	Output indicators: • Number of training midwives in EmONC. *Baseline*: 0; *Target*: 120 • Number of health facilities with EmONC equipment. *Baseline*: 0; *Target*: 40 • Number of women treated for obstetric fistula. *Baseline*: 0; *Target*: 200 • Number of adolescents, youth and sex workers having received SRH/HIV integrated services. *Baseline*: 0; *Target*: 125,000	Ministry of Health Ministry of Welfare SP/CNLS UN Agencies CSOs	$8.7 million ($2.7 million from regular resources and $6. 0 million to be raised
	Output 2: Enhanced national capacities for the management of the reproductive health output supply chain, demand generation and the provision of family planning services, including in humanitarian situations (Output 2 and 4 of the SP)	Output indicators: • Number of additional users of modern contraceptive methods *Baseline*: 0; *Target*: 150,000 • Proportion of health facilities in the focus area that have not experienced a contraceptive stock out in the last three (3) months. *Baseline*: 43%; *Target*: 75% • Proportion of health facilities in the focus area offering a least five (5) modern contraceptive methods besides condoms. *Baseline*: 60%; *Target*: 80%	Ministry of Health SP/CNLS UN agencies CSOs	$4.5 million ($1.0 million from regular resources and $3.5 million to be raised

UNDAF output 3: By 2023, Togolese populations, particularly children, women, adolescents, the disabled, the elderly, the poor and other vulnerable groups, have increased and equitable access to social protection and basic social services of high quality including education, health, water, hygiene and sanitation **Indicators:** Maternal mortality rate. *Baseline*: 401/100,000; *Target*: 250/100,000; proportion of 15 to 24 year-old youth living with HIV. *Baseline*: 1.2%; *Target*: 1%; adolescent birth rate (10 to 19 years old) per 1,000 adolescent girls in the same age group. *Baseline*: 84; *Target*: 63.				
Outcome 3: Gender equality and women's empowerment Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings Outcome indicators: • Proportion of women aged 20-24 years who were married or in union before the age of 18 years. *Baseline*: 21.8%; *Target*: 17% • Proportion of women aged 15-19 years that are married or in union. *Baseline*: 12.7%; *Target*: 8%	Output 3: Enhanced national capacities for the prevention and management of GBV, demand generation for increased access to sexual and reproductive health services for women and girls, including in humanitarian situations (Output 11 of the SP).	Output indicators: • Number of women visiting health facilities for RH services, on advice of men's committees. *Baseline*: 0; *Target*: 20,000 • Number of GBV (physical and psychological violence) victims supported. *Baseline*: 0; *Target*: 10,000 • Number of civil society organizations strengthened for the promotion of the sexual rights and reproductive health of adolescents/youth and the fight against GBV. *Baseline*: 0; *Target*: 20	Ministry of National Education; Ministry of Health Ministry of Youth SP/CNLS CSOs Bilateral partners UN agencies	$2.2 million ($1.2 million from regular resources and $1.0 million to be raised)
UNDAF output 4: By 2023, Togo is a democratic society, respectful of fundamental rights and guaranteeing equal access of citizens to quality public services and justice through efficient and accountable public institutions and administrations **Indicators:** Statistical data, reliable and disaggregated are available; *Baseline*: RGPH IV, EDST III/MICS V; *Target*: RGPH V, MICS VI and MICS VII				
Outcome 4: Population dynamics Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development Outcome indicators: • Disaggregated RGPH5 data are available *Baseline*: No; *Target*: Yes • Number of surveys carried out regarding SDG 3 and 5 *Baseline*: 0; *Target*: 3	Output 4: Enhanced national capacities to produce and use population data for the implementation of the ICPD Action Plan, the Demographic Dividend and achievement of the SDGs, including in humanitarian situations (Output 13 of the SP).	Output indicators: • The RGPH5 census (general population and housing census) is conducted with the support of UNFPA. *Baseline*: No; *Target*: Yes • Number of national reference documents integrating population dynamics and the demographic dividend. *Baseline*: 0; *Target*: 7 • Number of analytical reports, thematic studies and evaluations carried out with the support of UNFPA. *Baseline*: 0; *Target*: 12	Ministry of Health Ministry of Planification Ministry of Youth European Union Un agencies AfDB World Bank	$3.1 million ($1.6 million from regular resources and $1.5 million to be raised) + Programme Coordination Assistance : 1.5 million $